



**Development and Resource Management Department**

2600 Fresno Street - Third Floor  
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**Jennifer K. Clark, AICP, Director**

**HOME OCCUPATION ZONE CLEARANCE**

Address of the home-based business: \_\_\_\_\_

Business name: \_\_\_\_\_

Business operator name: \_\_\_\_\_

Business operator phone #: Business \_\_\_\_\_ Cell \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

Total square footage of the above home: \_\_\_\_\_

Square footage of space devoted to the business: \_\_\_\_\_

[Space devoted to the home occupation shall not exceed 25% of the residential unit floor area.]

Number of business employees who reside at the home: \_\_\_\_\_

Do non-resident employees report to the house? Yes / No If "Yes," how many? \_\_\_\_\_

How many customers will be coming to the residence? (average number per day): \_\_\_\_\_

Description of the business and any vehicles used for the business: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As operator of this business, I affirm that the above information is correct and I acknowledge the following: any modifications to the home, including interior or exterior changes, may require additional permits; Health Department approval may be required; and the business must apply for a City tax certificate and pay taxes to legally operate in the City of Fresno

\_\_\_\_\_  
 Signature (Business Operator)

\_\_\_\_\_  
 Date

*BOXES BELOW ARE FOR CITY STAFF TO COMPLETE*

Zone District: _____   <p style="text-align: center;"><i>ZONE CLEARANCE STAMP WITH PLANNER'S INITIALS</i></p>	<input type="checkbox"/> Planning has verified that this use at this location is an allowable home occupation.	
	<input type="checkbox"/> The applicant has been advised regarding Fresno Municipal Code §15-2735, Home Occupations	
Business Tax Staff Initials	Tax Account/ Certificate No.	
Verification that a copy has been e-archived	PZ No.	Fee